DCT	For receiving Office use only Mai 20		
	International Application No.		
REQUEST 17. Mai 20			
	International Filing Date		
The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.	Fax Confirmation Name of receiving Office and "PCT International Application"		
	Applicant's or agent's file reference (if desired) (12 characters maximum) R 43093		
Box No. I TITLE OF INVENTION S. agalactiae antigens I + II			
Box No. II APPLICANT	n is also inventor		
Name and address: (Family name followed by given name; for a legal ent The address must include postal code and name of country. The country of i Box is the applicant's State (that is, country) of residence if no State of residen	a adduses in diseased in 11.		
INTERCELL AG Campus Vienna Biocenter 6	Facsimile No.		
1030 Vienna AT	Teleprinter No.		
	Applicant's registration No. with the Office		
State (that is, country) of nationality: AT State (that is, country) of residence: AT			
This person is applicant for the purposes of: all designated the United States all designated the United St	States except ates of America only the States indicated in the Supplemental Box		
Box No. III FURTHER APPLICANT(S) AND/OR (FURTH			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MEINKE, Andreas This person is: applicant only			
Piettegasse 26/1 3013 Pressbaum AT	applicant and inventor inventor only (If this check-box is marked, do not fill in below.)		
	Applicant's registration No. with the Office		
State (that is, country) of nationality: DE	State (that is, country) of residence: AT		
	States except the United States of America of America only the Supplemental Box		
Further applicants and/or (further) inventors are indicated on a continuation sheet.			
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities a	s: agent representative		
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of co Sonn & Partner Patentanwälte	full official designation. Telephone No. +43 1 512 84 05		
Riemergasse 14 1010 Vienna	Facsimile No. +43 1 512 98 05		
AT _.	Teleprinter No.		
	Agent's registration No. with the Office		
Address for correspondence: Mark this check-box where n			

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REQUEST

For receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	
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100201	International Filing Dat	ite .	
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INTERCELL AG Campus Vienna Biocenter 6	1	Facsimile No.	
1030 Vienna AT		Teleprinter No.	
AI		Applicant's registration No. with the Office	
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This person is applicant for the purposes of: all designated the United States all designated the United States	d States except t	the United States of America only the States indicated in the Supplemental Box	
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Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence MEINKE, Andreas Piettegasse 26/1 3013 Pressbaum AT	ity, full official designation. te address indicated in this ce is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
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for the purposes or: States the United Sta	1 States except ates of America the	the United States of America only the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indicated or	a continuation sheet.		
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities a	as:	agent common representative	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of co	, full official designation. untry.)	Telephone No. +43 1 512 84 05	
Sonn & Partner Patentanwälte		Facsimile No.	
Riemergasse 14		+43 1 512 98 05	
1010 Vienna AT		Teleprinter No.	
	F	Agent's registration No. with the Office	
Address Commence of the Address of t			
Address for correspondence: Mark this check-box where n space above is used instead to indicate a special address to w	o agent or common repre-	esentative is/has been appointed and the ould be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
If none of the following sub-boxes is used, this sheet should not		• •	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) NAGY, Eszter Taborstrasse 9 1020 Vienna AT		This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: HU	State (that is, country) AT	of residence:	
	tes of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence HANNER, Markus Jacquingasse 5/6 1030 Vienna AT	addross indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: AT State (that is, country) of residence: AT			
This person is applicant for the purposes of: all designated the United States all designated the United States	States except tes of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence HORKY, Markus Wehlistrasse 51/2a/20 1200 Vienna AT	address indicated in this is is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
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This person is applicant for the purposes of: all designated States all designated the United States	States except es of America	he United States the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence KALLENDA, Sabine Roseggergasse 37/1 1160 Vienna AT	address indicated in this is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
ΑΓ	State (that is, country) o	of residence:	
This person is applicant all designated all designated States all designated States		the United States the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indicated on	another continuation sh	neet.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (EUDITHER)		
Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) If none of the following sub-boxes is used, this sheet should not be included in the requirement.	INVENTOR(S) quest.	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PRUSTOMERSKY, Sonja Kreuzbrunn 10/4 3001 Mauerbach AT	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: AT State (that is, country) AT	of residence:	
This person is applicant for the purposes of: all designated States except the United States of America	the United States of America only the States indicated in the Supplemental Box	
	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
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State (that is, country) of nationality: State (that is, country) of	residence:	
This person is applicant for the purposes of: all designated States except the United States of America of	United States the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indicated on another continuation she	eet.	

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Box	No. V DESIGNAT	TIONS			• •
The	filing of this request corng date, for the grant of e	nstitutes under Rule 4.9(a), the every kind of protection availa	he designation of all Contrible and, where applicable,	racting States bound by the for the grant of both reg	he PCT on the international gional and national patents.
	wever,				
	DE Germany is not d	esignated for any kind of nati	onal protection		•
		a is not designated for any ki	-		
ļЧ	RU Russian Federatio	on is not designated for any k	ind of national protection		
1116	nanona iaw, oj an earne	be used to exclude (irrevocab er national application from w s in these and certain other Si	nich priority is claimed - S	ned in order to avoid the lee the Notes to Box No. 1	ceasing of the effect, under V as to the consequences of
Box	No. VI PRIORITY	CLAIM			
The	priority of the following	g earlier application(s) is hereb	oy claimed:		
,	Filing date of earlier application	Number of earlier application		Vhere earlier application	is:
	(day/month/year)	or carrier approacion	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item 28	. (1) . November 2003 . (28.11.2003)	03450266.6		EP	
item	07, May 2003 (07.05.2003)	03450112.2		EP	
iten	1(3)				
	Further priority claims	are indicated in the Supplemen	ntal Box.		
ine e	receiving Office is reque carlier application was fine to as:	ested to prepare and transmit to led with the Office which for th	o the International Bureau a the purposes of this internat	a certified copy of the ear	rlier application(s) (only if eceiving Office) identified
	all items ite	em (1)	item (3)	other, se	ee Supplemental Box
* W	here the earlier application estrial Property or one M	on is an ARIPO application, in Tember of the World Trade Or	dicate at least one country	mants to the Baris Course	and a second second second
• • • •			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·····
Box	No. VII INTERNAT	IONAL SEARCHING AUT	HORITY		
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):					
		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Requ	uest to use results of ea national Searching Autho	rlier search; reference to thority):	at search (if an earlier sec	arch has been carried out	t by or requested from the
Date	(day/month/year)	Numbe	er Count	ry (or regional Office)	
Box No. VIII DECLARATIONS					
The chec	following declarations a k-boxes below and indica	are contained in Boxes Nos. Nate in the right column the num	VIII (i) to (v) (mark the app ber of each type of declara	plicable tion):	Number of declarations
	Box No. VIII (i)	Declaration as to the identity	of the inventor		:
	Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent			:	
X	Box No. VIII (iii)	Declaration as to the applic date, to claim the priority o	cant's entitlement, as at the	e international filing	: 1
X	Box No. VIII (iv)	Declaration of inventorship United States of America)		the designation of the	
	Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:			· '	
					

Sheet No. ..5..

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Box No. VIII (III)	DECLARATION:	ENTITLEMENT TO C	LAIM PRIORITY

The declaration must conform to the standardized wording provided for in Section 213; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No.VIII (iii). If this Box is not used, this sheet should not be included in the request.

Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application specified below, where the applicant is not the applicant who filed the earlier application or where the applicant's name has changed since the filing of the earlier application (Rules 4.17(iii) and 51bis.1(a)(iii)):

in relation to this international application,

INTERCELL AG is entitled to claim priorities of earlier applications No. EP 03450112.2 of May 07, 2003 and EP 03450266.6 of November 28, 2003 by virtue of the following:

transfer of entitlement from Cistem Biotechnologies GmbH to INTERCELL BIOMEDIZINISCHE FORSCHUNGS- UND ENTWICKLUNGS AG by way of merger dated December 12, 2002 and

applicant's name changed from Intercell Biomedizinische Forschungs- und Entwicklungs AG to INTERCELL AG on May 24, 2003, this declaration is made for the purpose of all designations. This declaration is continued on the following sheet, "Continuation of Box No. VIII (iii)".